



Department of Public Safety and Correctional Services

Public Information Act Request Form

PURSUANT TO STATE GOVERNMENT ARTICLE, SECTION 10-614, OF THE ANNOTATED CODE OF MARYLAND, THE UNDERSIGNED REQUESTS A COPY OF ALL PUBLIC RECORDS CONTAINING THE INFORMATION HEREINAFTER DESCRIBED.

Date: _____

Requester: _____ Phone No.: _____

Address: _____

City: _____ State: _____ Zip: _____

I request the following public record/s: _____

Requester's Signature: _____

A copying fee of \$.50 per page will be charged for every request of three or more pages. When the request has been approved, you will be notified as to the total fee. Remit the exact amount by check or money order, payable to the "Maryland Department of Public Safety and Correctional Services" within 30 days from date of approval.

Should your request be denied, you will be notified within 30 days and you will have the right to petition the circuit court in the jurisdiction of your residence or business location, or where the records are situated, to review the matter and rule on such denial.

Mail or Fax: Danielle Wilmsen, Maryland DPSCS, 300 East Joppa Road, Towson, MD 21286
Fax (410) 339-4228

For State Use Only			
Reviewer:		Agency/Division:	Date:
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Fee: \$	# of Pages:
Description of document:			